



Written Testimony from Upstream USA  
Regarding the Department of Social Services Proposed Budget Adjustments  
HB 5037 An Act Adjusting the State Budget for the Biennium Ending June 30, 2023  
Appropriations Committee  
February 23, 2022

Dear Senator Osten, Representative Walker, Senators Kushner and Cicarella, Representatives Abercrombie and Betts, and esteemed members of the Appropriations Committee,

We welcome the opportunity to submit comments in response to the Department of Social Services Proposed Budget. We represent Upstream USA, a nonprofit that partners with states to provide training and technical assistance to health care providers to A) increase access to contraception, and B) address disparities and biases in contraceptive care. **Our vision is for high-quality, patient-centered contraceptive care to become an integral and holistic part of primary care in all settings for all patients, free from bias and coercion.**

We are highlighting our support for these key items in Governor Lamont's proposal that align with our work to increase access to contraceptive services:

1. **One-time CSFRF allocation to improve patient access to family planning services in primary care settings.**

We urge your support for Governor Lamont's proposal to provide \$3,950,000 in FY 23 and \$5,100,000 in FY 24 to (1) establish a technical assistance and training model for primary care providers to strengthen family planning services, and (2) provide funding to FQHCs to ensure immediate availability of long-acting reversible contraceptives (LARCs).

**Patient access to essential family planning services can vary dramatically across different primary care settings, creating inequitable health outcomes.** For example, family planning clinics already specializing in contraceptive care are usually equipped and trained to offer to patients high-quality contraceptive counseling and the full range of birth control options – anywhere from hormonal pills to LARCs, such as intrauterine devices (IUDs). Many family planning clinics can even provide these contraceptive services in a single, same-day visit, eliminating a very common barrier for patients seeking LARCs (which require a procedure typically scheduled over two separate medical visits).

**By contrast, many providers in other primary care settings struggle to offer the same quality and full range of contraceptive services, citing major challenges and barriers, such as:**

- **Lack of provider knowledge and comfort** in providing high-quality contraceptive counseling, and **lack of providers onsite adequately trained** in LARC insertion and removal procedures. While many health centers can offer most forms of birth control, one in five health centers cite a lack of staff training in LARC procedures

(IUD/implant insertions and removals) as a major barrier in their ability to offer the full range of all available contraceptive options.

- **High upfront costs associated with stocking birth control supplies**, especially for LARCs (i.e. IUDs and implants) where a single device can cost **up to \$1,000**. Stocking is often cited as a major barrier for FQHCs, which serve a significant portion of uninsured and underinsured patients in the state. Furthermore, Connecticut's Medicaid payment policy currently does not reimburse FQHCs for the cost of LARC devices separately from the provision of comprehensive LARC services.

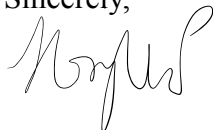
Most women will, at some point in their lives, try to get pregnant and/or avoid pregnancy, and standard primary care should include high-quality contraceptive counseling and timely access to the full range of contraceptive methods. The Governor's proposal demonstrates a critical investment in the state's primary care system and addresses major gaps in patient access to these essential family planning services. It is also an investment with far-reaching impact: every public dollar invested in family planning services can result in a net saving of roughly \$7.09 to the state, taxpayers, and our healthcare system as a whole.

## 2. **Higher Medicaid reimbursement rates for family planning clinics.**

We urge your support for Governor Lamont's proposal to provide \$300,000 to increase Medicaid's reimbursement rates for family planning clinics. Family planning clinics are a critical part of the state's health care ecosystem, maintaining patient access to top-quality, comprehensive care, especially contraceptive services. Yet Medicaid reimbursement to family planning clinics often falls significantly short of the actual cost of care provided.

**Approximately one in four pregnancies in Connecticut are unintended, resulting in 40,000+ unintended pregnancies over 5 years.** Unintended pregnancies are associated with poor maternal and infant health outcomes, including delayed prenatal care and premature birth. Within our communities, we also witness the ways in which unintended pregnancies can disrupt plans or derail opportunities for women and families. **Increasing access to contraception is one of the most important things we can do to help reduce unintended pregnancies and support better outcomes for women and children in the state of Connecticut.** We hope that you share in our commitment to this effort and support the Governor's proposal.

Sincerely,



Hong Van Pham  
National Director of Policy and Government Affairs  
Upstream USA